

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/053279
APPLICANT(S)

2/24/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
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TOTAL IND.			1			
TOTAL DEP.			4			
TOTAL CLAIMS			5			

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.				
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